

UNITED STATES DEPARTMENT OF AGRICULTURE
MARKETING AND REGULATORY PROGRAMS
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EMPLOYEE SERVICES DIVISION
NATIONAL SECURITY TEAM

APHIS ID/ACCESS REQUEST

EMPLOYEE INFORMATION

EMPLOYEE NAME (Last, First, MI)

REQUEST DATE

PROGRAM/UNIT

CITY, STATE, ZIP

REASON FOR ISSUE

☐

NEW EMPLOYEE

☐

LOST (If lost, complete block at bottom)

☐

DAMAGED

☐

UPDATE

STATUS

☐

TEMPORARY

☐

CONTRACTOR (Name of company below)

☐

PERMANENT

☐

OTHER (Specify below)

EXPIRATION DATE OF
ASSIGNMENT

BUILDING ACCESS (TO BE COMPLETED BY SUPERVISOR)

HOURS OF ACCESS AND CONTROLLED AREAS OF THE BUILDING EMPLOYEE AUTHORIZED ACCESS TO (Specify below)
(Include reason for 24/7 access)

SIGNATURES

AUTHORIZING OFFICIAL (Please print)

TITLE AND TELEPHONE NUMBER

AUTHORIZING OFFICIAL SIGNATURE

DATE

EMPLOYEE SIGNATURE

DATE

REMARKS/LOST ID'S - IF ID IS LOST, SPECIFY DETAILS OF INCIDENT (Where, when, how, etc.)